

215037231
60023

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 071	Agency Case No. B5-084448	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/12/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		(In Military Time) TIME OF ACCIDENT 0852
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0854	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	STATE USE ONLY 09/12/2015
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O St / 22 - 23 St		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	116.00			X	22 St	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	1					
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13477993		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	MAMVAN LU		PHONE	402-805-3065	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/02/1947	
1	OWNER	KIET A LU		PHONE	402-405-9372	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB476364	
4	LICENSE PLATE PA NO.	TWE108		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	1998	Honda	CRV	Compact Utility	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000
V1/O	VEHICLE ID NO. (VIN)	JHLRD1843WC092711		INSURANCE COMPANY	Allied Insurance	
V2/O	TOWED TO	TOWED BY		POLICY NO.	PPCM 0053255126	
2	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H13075428		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER	CHAN M LUAL		PHONE	402-474-6668	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/20/1971	
1	OWNER	CHAN M LUAL		PHONE	402-474-6668	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
01	1626 W Rose St, Lincoln, NE 68522					
V1/Q	LICENSE PLATE PA NO.	TVY066		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	2007	Honda	Accord	4 door Sedan	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000
3	VEHICLE ID NO. (VIN)	1HGCM56397A144295		INSURANCE COMPANY	Farmers Insurance	
K	TOWED TO	TOWED BY		POLICY NO.	188710625	
01						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			Seat Position	Eject
2	CHAN M LUAL	1626 W Rose St, Lincoln, NE 68522		04/20/1971	01	1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
		BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue	2015018076	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

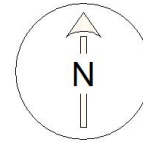
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084448

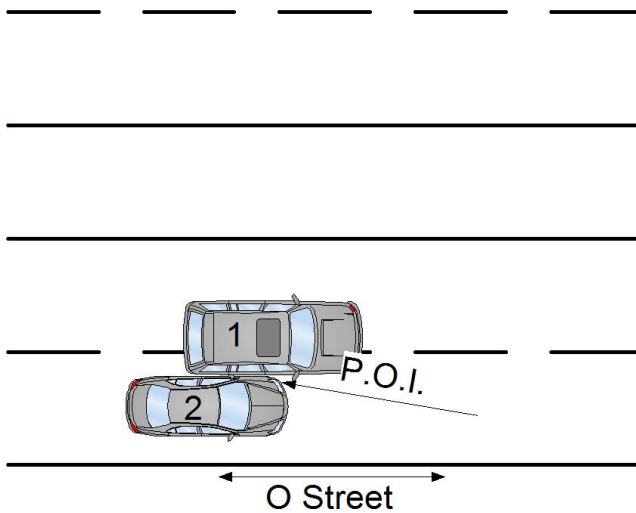


Indicate
North
by Arrow

To 22 Street To 23 Street



70' Wide



POI: 116' East of East curb 22 Street
14' North of South curb O St

No Skids Observed
All Measurements Approximate

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 stated he was traveling east on O St from 22 St toward 23 Street in the outside lane. D2 stated D1 was in the inside lane and moved to the outside lane striking his vehicle. D1 stated he was traveling east on O St from 22 St toward 23 St in the inside lane. D1 stated he was going to have to make a right hand turn and was moving into the right lane to make his turn. D1 stated he saw D2, but thought he was further back. D1 moved to towards the outside lane and struck D2. D1's statement was given through a Vietnamese interpreter.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		O St										
2			X		O St										
1	03	06 Turning left				VEHICLE 1		VEHICLE 2		1		2			
2	01	08 Entering traffic lane				POINT OF IMPACT		POINT OF IMPACT		2		2			
		09 Leaving traffic lane				MOST DAMAGED AREA		MOST DAMAGED AREA		4		2			
		10 Parked				00 None		01 02 03 04		1 None used - vehicle occupant		2			
		11 Slowing or stopped in traffic				09 Top & windows		05 06 07 08		2 Lap & shoulder belt used		2			
		12 Other				10 Undercarriage				3 Shoulder belt only used		2			
		13 Unknown				11 Total (all areas)				4 Lap belt only used		2			
						12 Other				5 Child safety seat used		2			
										6 Child booster seat used		2			
										7 DOT approved helmet used		2			
										8 Costume helmet used		2			
										9 Restraint use unknown		2			

OFFICER NO. 1749	TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Daniel Noonan		INVESTIGATOR SIGNATURE Approved by Officer Daniel Noonan	DATE OF REPORT 09/12/2015